The regulation of gender in menopause theory

Along with killer whales, pilot whales and captive chimpanzees, humans are one of only three species who undergo cessation of menses as some points in their lives (Morton et al 2013: 1). Other species, including wild chimpanzees, see their reproductive functions slow down and the animals die not long after they have ceased to reproduce. The reasons for the end of fertility but the continuation of life in the females of certain species are thus a puzzle of evolution that has remained unsolved. We can trace scholarly interest in the menopause as far back as the ancient Greeks. From the earliest account (Aristotle, 4th Century BC) to the most recent (Morton et al 2013), there have been many attempts at formulating a theory of menopause that would explain its existence and clarify its social significance. Authors who have offered theories of the menopause do so with different agendas. Some wish to find the reasons for its occurrence and seek to tie 'menopause' to woman's condition (especially in medical accounts, starting with Gardanne in 1821); others object to the idea of menopause as a distinct gendered experience and see it as participation to patriarchal ideology (feminists like Ussher 2006); others still question the conception of 'menopause' experience, whether gender-specific or not (Foxcroft 2010).

This article aims to revisit some established theoretical models that hoped to explain menopause in humans. Indeed, over the past two millennia, certain hypotheses have become important landmarks in the theorising of menopause. Amongst those, there is an overwhelming inclination for casting menopause as the outcome of evolution and/or as a medical condition. I will chronicle key theories of menopause, in medical accounts of the menopausal experience and in theories casting menopause as a marker of human evolution, and in each case, will highlight the relationship between menopause and regulation. This will offer an evaluation of how (some) narratives of menopause make regulation/deregulation epistemically significant. The theorising of menopause experience that I am proposing will thus show how menopause should be considered a key area of enquiry in future debates in gender and identity politics.

1- THEORIES OF MENOPAUSE

1.1- From early accounts to the Antiquities

One of the earliest recorded references to menopause is that of the Old Testament. In God's desire for a new Covenant, Abraham is chosen to become the father of new nations, the first patriarch. The new Covenant requires new descent.

Abraham's wife Sarai is too old to bear children so God intervenes to circumvent Sarai's menopause and change Abraham's prospects (Genesis, XVII: 15-17).

15. And God said unto Abraham, As for Sarai thy wife, thou shalt not call her name Sarai, but Sarah[1] *shall* her name *be*.

16. And I will bless her, and give thee a son also of her: yea, I will bless her, and she shall be a *mother* of nations; kings of people shall be of her.

17. Then Abraham fell upon his face, and laughed, and said in his heart, Shall a *child* be born unto him that is a hundred years old? and shall Sarah, that is ninety years old, bear?[2]

This early account contains some of the key elements that menopause will come to represent: menopause as loss of fertility for woman, loss of woman's fertility as loss of status for man; menopause reversal as terrain for enhanced status for man; the potential menopause reversal offers for social change; the need for third party intervention (here God) to bring this potential to fruition.

Menopause theory starts in earnest in the Antiquities. Cessation of menses (with no evident distinction between amenorrhea and menopause) becomes an illness by which the individual is poisoned by too much blood (plethora) failing to leave the body.

The Ancient Greeks' position on women and menopause is linked to the pro-natalist gender biased beliefs of the time: women interest the (male) Ancient Greeks inasmuch as they are capable of producing sons. To this patriarchal society, the end of a woman's fecundity is bad news and means the loss of possibility to expand patriarchal authority. For example, 4th Century BC medical understandings of women's physiology positioned a healthy woman on the side of fecundity. Vice-versa, medical explanations of women's illnesses tended to be directed towards uterine problems (Gentile 2009: 45). Gentile summarising views from the Hippocratic corpus (4th Century BC) and the work of Aristotle (384BC-322BC) explains that for the Ancient Greeks, a healthy woman has spongy flesh which soaks up excess nourishment from her stomach (Gentile 2009: 52). This excess nourishment is converted into blood and stored as menstrual fluid in the flesh and vessels. For Aristotle, the difference between men and women's treatment of excess is essentially founded on his views on temperature: men's bodies are warm and dry (engage in hard work, have vitality, enjoy the outdoors, etc) and women's

[1] Sarah meaning 'princess', implying Abraham's interest as 'prince'.
[2] The Holy Bible, 1875

are cold and wet (stay indoors, are more quiet, etc). When experiencing excess nourishment, women, being colder, cannot discharge excess nourishment like men can when they engage in activities that involve sweating for example. This would explain why women have periods and men do not: in a healthy body, the discharge of menstrual blood is woman's way to evacuate blood plethora. With ageing, women become less porous and spongy and so cannot absorb as much nourishment. The end of excess nourishment marks the end of women's blood production and storage. Women become more like ageing men, colder, drier and denser (Gentile 2009: 54), which goes some way to explaining the increased social freedom that post-menopausal women experience in Ancient Greece. Treatments for blood plethora are plenty, consisting for example of means to encourage the body to evacuate the excess of blood: dieting, vapour baths, fumigations, pessaries, fomentation (Foxcroft 2010: 41) and even blood letting, regarded then as 'the most effective treatment' (Formanek 1990: 7).

As in the biblical account of Sarah's reversed menopause, we also find in the Antiquities that there is a relationship between menopause and social status. Women gain social status as a consequence of the defeminisation/masculinisation menopause affords them. Divine intervention ended an unhappy situation caused by menopause in the Biblical story (loss of fertility for Sarah, loss of status for Abraham). In the Ancient world, we have again the intervention of a third party, the physician, to redress an unhappy situation (blood plethora) and bring forth change for menopausal woman. It is interesting to note that menopause reversal benefits the woman's husband while menopause benefits women themselves. It becomes a salient point when considering the commentator's critical tone in the next section.

In *Old Age from Antiquity to Post-Modernity*, Parkin (in Johnson, 2003) finds the same attitudes towards post-menopausal women in Roman times:

> 'after the menopause, a woman was apparently granted the freedom to go outside the family confines. As widows in particular, in both Greek and Roman society, women in old age might in fact enjoy considerable authority, in practice if not also in legal theory, because they controlled the family wealth to some limited extent' (Parkin in Johnson, 2003: 37)

Parkin however, frames older women's post-menopausal experience in negative terms, judging that the increased freedom and authority they enjoyed was poor compensation for men's disinterest in them. Older women effectively found themselves relegated to the margin of socio-political visibility, which included medical disinterest in the ageing woman's needs. While I do not agree with Parkin's

gloomy views on the reality of being an old woman in Greek and Roman times, his analysis is noteworthy because he explicitly associates women's increased status with decreased gender markers.

The tension between different perspectives permeates these early accounts. On the one hand, menopause is seen as woman's relegation from social organisation, on the other she is liberated from them. Menopause experience is for a big part the experience of this tension which re-activates the perennial question of what woman is or ought to be. More to the point, menopause reactivates the difficulty in imagining womanhood as a happy experience when woman exceeds or steps out of pre-established social codes. This tension will grow stronger as more theories of menopause are proposed.

1.2- Middle Ages

Status gain is also very present in medieval accounts of menopause. In *Attitudes Toward Post-Menopausal Women In the High and Late Middle Ages, 1100-1400*, Godfrey (2011) remarks that '[o]nce they were no longer seen as sexual or procreative object, menopausal and post-menopausal women were freer to participate in society' (61). Their authority was exercised in domestic settings, over their offspring, but also in more public matters such of choosing appropriate husbands for the daughters and even becoming the head of a household when their husbands died. The authority of such widows could be quite extensive, especially in affluent families: they 'owned property, and participated in social, legal, and economic activities' (62), took decisions about who their children could marry, some widows were even recorded as reverting to bearing their maiden names and their children, female and male, being known by that name also, rather than the dead father's name.

In contrast, Godfrey finds that '[d]idactic and prescriptive works and literature tended to display attitudes that were more negative, satiric, and pessimistic' (63) compared with accounts of actual lived experience by menopausal women. We will return to the gender contingent epistemic bias that accompanies menopause accounts, but it is worth noting now that, unsurprisingly, gloomy narratives of menopause tended to be written by men, heavily influenced by Ancient Greek and Roman attitudes towards menopause, as opposed to more positive accounts, which were usually the work of menopausal women. The discrepancy between medieval (men's) reports and the reality of medieval women's lives after the menopause was compounded by the fact that less affluent women were not literate and did not share their experience via literary records. Hence, medieval narratives of

menopause tend to be third person narratives recorded by men and a few women, the most famous perhaps being Hildegard Von Bingen (1098-1179), a Benedictine mystic and herbalist who from 1141 started sharing her religious visions in an illustrated diary, the *Scivias*[3]. Her dedication to keeping literary records of her mystic experiences has left us numerous narratives, including chronicles of medieval women's menopausal/post-menopausal lives. Her writings on menopause experience in the Middle Ages are one of the very few positive accounts of the time on that topic. In a climate where printed texts were few and mostly concerned themselves with religious matter, being a recognised and respected catholic nun gave Hildegard Von Bingen literary legitimacy. In addition to religious influence, her vast knowledge of plants also gave her narratives a medicinal if not medical edge. Beyond the limitations of her gender, the combination of religion and medicine allowed Hildegard's work to find favour with the male literary establishment, in medieval times but also beyond.

So, in medieval times again we find a discrepancy between two opposed interpretations of menopause experience: on the one hand, the maintenance of menopausal woman's social insertion is framed as both her happiness and oppression, on the other, her social exclusion becomes the site of her doom and liberation.

1.3- The Enlightenment

'Less than 300 years ago, it [the menopause] barely existed on the medical radar, let alone made appearances in classifications of diseases and other works on pathology' (Foxcroft 2010: xi). The 17th and 18th Centuries are a truly pivotal moment in the history of menopause theory, the moment when menopause theory begins in earnest. First, with the rise of the Age of Enlightenment, science gains an understanding of the difference between amenorrhea and menopause, both typified by an absence of menstruation. The cessation of menses with older age is regarded as a sign of preservation and health, rather than a sign of disease. John Freind was the first medical scholar to publish a book on menstruation, first in Latin (1703) and then in English (1729). Quoting Freind, Formanek explains that '[a]fter the seventh septenary, the vessels of the uterus would be too strong for the momentum of the blood to break through them. Thus, nature has wisely ordered that the menses should decrease with increasing age.' (1990: 8).

So, in this first point, just like Ancient physicians imagined an increasing 'fullness' of the uterus, here again we find the image of the ageing uterus as the site of a

[3] See Von Bingen (1990)

'thickening' or a 'hardening'. The big difference is that uterine fullness is a sign of disease that needs medical intervention to empty it for the Ancient Greeks, whereas in Freind's account the body suffices to itself and no outside intervention is needed to regulate the uterus and its content.

Second, in the late 18th Century, the term 'menopause' (or 'ménépausie' to be accurate) was coined by Charles-Pierre-Louis de Gardanne, a French physician who published in 1821 a treaty on the menopause (448). In *De la ménopause, ou de l'âge critique des femmes* ('menopause: women's critical age') Gardanne advocates the use of the term 'menopause', understood as the cessation of menstruation. Menopause becomes an explanation for important life cycle changes in women. Gardanne's contribution is truly a critique of the term 'climacteric syndrome', a term used then and still in use today. Gardanne objected to the use of the term 'climacteric syndrome' as an imprecise medical term referring to several non-specific symptoms, linked to women's mid-life experience. In *The Climacteric in Perspective* (Notelovitz 1986), Wilbush draws an interesting historical overview of those complaints that came to typify women's accounts of climacteric experience. His study shows that through history, women's health complaints during menopause changed. To establish a climacteric syndrome is complicated by the changing character of the symptoms. For example, Wilbush notes that in the 18th and 19th century 'loss of beauty' was a prime complaint amongst menopausal women (122) while late 19th and modern era women are more concerned about the loss of status and of *ability* (in particular ability to perform sexually, or ability to regulate themselves and their bodies). Hence, climacteric syndrome would appear more culturally contingent than Gardanne's term, which would have the merit to offer some constancy and universality of experience by virtue of being more science-based. The strain between objective and subjective dimensions of menopause experience will become particularly salient as we move towards contemporary theories.

1.4- Victorian times

The late 19th Century marks the beginning of the menopause as medical condition proper (Ussher 2006: 128). The overarching Victorian belief about menopause experience is overall rather gloomy and will bear heavily on contemporary visions of climacteric experience. In Victorian times, menopause is characterised by the over-excitement of woman's reproductive body, leading to the over-excitement of her mind. For Victorian medicine, symptoms of the menopause range from hysteria to depression, via amoral behaviour such as lying, steeling or worse for the Victorians: giving up on one's wifely and familial duties. Menopause is a condition that affects

women's nervous system. The only cure is containment of the menopausal woman, necessary to protect families, and more widely society, from the dangers of her depraved and uncontrollable behaviour. While restraining menopausal women becomes an effective coping mechanism, it is not a cure for Victorian anxieties regarding the menopause. The theory of the aptly named 'wandering womb' goes a long way to describing Victorian fears of menopausal women; no longer tied by pregnancies, maternal responsibility and often free of marital duty, older women discovered a newfound independence that alarmed Victorian society. To curb any desire to *wander* out of domestic spaces, Victorian women were encouraged to deal with manifestations of 'wandering womb' by keeping to a strict code of modesty regarding private ailments, this to avoid bringing social shame and reprobation onto themselves. (Foxcroft 2010: 58-9).

Victorian attitudes towards the menopause eloquently depict the anxieties and fears that the menopause evokes at the time. They are a culmination of centuries of theories that explain 'woman' via her reproductive functions. The prospect of a woman free of that function (and free of the definition by which she becomes socially viable) causes reactive solutions that in Victorian times find their ultimate repression. Where earlier societies simply ignored them or brushed them aside and allowed these women a strange identity half way between woman and man, the Victorians were more categorical and repressed any deviation from established narratives of womanhood. While we may find such repression reprehensible, it seems to me that Victorian attitudes were the reverse side of the same problematic we are facing today: instead of encouraging women to repress the manifestation of menopause (the desire to wander beyond prescribed narratives of womanhood), women are instead encouraged to prevent menopause as soon as it manifests itself and in doing so prevent imagined symptoms of what menopause would be like without medical intervention.

1.5- 20th and 21st Centuries: medical and evolutionary narratives

Two narratives dominate contemporary theories of menopause: medical narratives (including psychiatry) and evolutionary narratives. The two often overlap. To begin with contemporary medical accounts, the term menopause has been widely used since the publication of Gardanne's work in 1821. Yet, the description of menopause as cessation of menses is not in itself as sufficient a definition as it appears. Today, the way to define women as having 'gone through' the menopause requires that a woman has ceased menstruating for a minimum of twelve consecutive months, at which point she can be declared 'post-menopausal. So, menopause is an experience that is retro-actively validated, rather than a true

experience in the here-and-now. Hence, a phenomenological understanding of menopause experience seems compromised by the fact that the experience is about what one *believes* may be happening, with belief standing instead of real experience. This has important consequences in understanding the role that regulation plays in menopause. For how can we have a pre-discursive experience of menopause when the very definition of menopause is founded on the retro-active recognition of experience?

In principle there are scientific means to verify the stage a woman is at during peri-menopause, by testing the levels of her follicle stimulating hormone (FSH). In practice, because hormone levels increasingly fluctuate during peri-menopause, this test alone cannot guarantee that the absence of menses is symptomatic of the menopause rather than a sign that she is experiencing something else that also has the cessation of menses as criterion (for example amenorrhea). Hence, cessation of menses alone is not sufficient to establish a definition of menopause. Other criteria need to be associated to it. This is where menopause becomes a rather subjective terrain of investigation.

The main criterion is undoubtedly the difficulty to regulate physiological functions (Panay et al 2013): the body appears to fail to maintain a state of homeostasis and is experienced as fluctuating. For example, the individual may experience her physiological body as failing to regulate temperature (hot and cold flushes, night sweats); mood (mood swings, irritability, depression, anxiety, insomnia); she may report a fluctuation in cognitive ability (memory, concentration); and finally she may experience a changeability of her corporeal experience (inflammation of joints, headaches, wandering pains, vaginal dryness, pelvic floor weakness, heart palpitations, etc) (Formanek, 1990: 80). The more of these symptoms a woman says she suffers with, the more she is believed to be experiencing menopause. However, many if not all of these symptoms are also associated with other medical condition, making menopause-like complaints difficult to diagnose *as* menopause with any degree of certainty.

The 20th Century is also marked by the expansion of psychiatry and the attempt to lay down a psychopathology of experience. With the birth of the Diagnostic and Statistical Manual of Mental Disorders (DSM) menopause makes its entrance as psychiatric disorder and the DSM becomes the closest thing to formalising the subjective dimension of menopause experience. For example, DSM I (published in 1952) and DSM II (1968) have 'Involutional Melancholia' as a key aspect of menopause (Ussher 2006: 130). Emil Kraepelin (1856-1926), a psychiatrist generally recognised as the founder of modern psychiatry, used the term 'involutional melancholia' to refer to a feeling of fear, agitation and despondency that typically affected older individuals who had not previously been disposed to melancholia

(Shorter, 2005: 82). Depression and menopause would thus be a characteristic of women's ageing bodies. The relationship between menopause and depression pertains until 1990 and the publication of DSM III (Stoudemire 1993: 272) when 'Involutional Melancholia' disappears from DSM. However, the association between menopause and depression remains, evident in more popular beliefs like that of the existence of a mid-life crisis or the recent theory of the 'Empty Nest Syndrome' (Foxcroft 2010: 24; as its names indicates, a feeling of emptiness is caused when, the children having left home, a woman loses what once typified her existence, her status as 'mother').

While psychiatric answers did not succeed in formalising a pathology of menopause, medicine had a breakthrough with another line of research, that of hormone replacement therapy (HRT) in the late 1920s, early 1930s. HRT becomes a viable medical *and* commercial venture from the mid 1900s (Blakemore et al 2001; note the collaboration between medicine and commerce). The 2013 figures compounded by Symphony Health solutions[4] (market analysts) for the American market speak for themselves: the US market represented $3.7 billion in 2013 with 6 million American users. While the number of users has fallen sharply since the publication of The Women's Health Initiative (2004) showing a connection between HRT and cancer on the one hand, and HRT and cardiovascular disease on the other, a combination of factors such as the sharp increase in the cost of HRT and research guaranteeing a safer product allow for a happy forecast 2021 of about 8 million users for a profit of 4.5 billion dollars. The medical promotion and social success of HRT rests on its promise to women to 'live younger longer'. As mentioned earlier, it may simply be the continuation of a vision associating menopause with unspeakable social suffering if women do not agree to keep menopause and/or its manifestation at bay. But more cynically, it is also undoubtedly about the benefits HRT offers for the market and for medical empowerment. If we turn to another dominant voice of the 20th/21st Centuries, the tendency to see menopause as affliction, and the advantages of doing so become even more pronounced.

At the same time as contemporary medicine was finding scientific answers to the origin of menopause, in the wake of Darwin's 1859 *On the origin of Species*, evolutionary theorists took a novel approach to explaining menopause. The turn of the 20th Century, is marked by the fast growing number of hypotheses following an evolutionary line of enquiry. The quick overview of the most common hypotheses presented below will show the richness and complexity that such theories brought to the field of menopause study.

[4] See Zuckerman et al. (2013)

First we find a group of hypotheses that can be gathered under the banner of 'ageing': menopause would simply be part of the ageing process. Between 1800 and 2000, women's average life span has increased from 30 years to sixty-seven (Riley 2001: 1). Menopause should thus be hypothesised in relation to physiological senescence. Menopause would be a phenomenon directly associated with increased longevity (Caspari 2004: 10895) and its social significance would have arisen only in the past 200 years, when menopause makes an entrance as a new human experience. Based on what we have seen earlier, the theory of senescence is problematic, but not totally meaningless. First, menopause is not a phenomenon that suddenly appeared in the past 200 years. Accounts of women experiencing the cessation of menses, and that we now describe as menopause, have been documented at least since the Antiquities, if not earlier. It is possible that these accounts were discounted partly on the ground of medical or gender bias, partly because the number of women reaching menopause was negligible enough before the 20th Century for the experience to pass reasonably unnoticed. 'In 1800, people aged sixty-five and higher made up less than 5 percent of most populations; by 2000 their share had tripled to 15 percent in high life expectancy societies' (Riley, 2001: 2). If women constituted roughly half of that population, 2.5 percent women stopping menstruation could have passed unnoticed indeed. The increase in the number of women aged over fifty and scientific advances in human physiology resulted in a parallel increase in the interest woman physiology was afforded. The Follicular Depletion Hypothesis for example, whereby women have a fixed number of eggs at birth and run out of them at some point, causing the body to stop menstruating, is one such theory that benefitted from progress in medical understandings of reproduction. This theoretical model has only become partly redundant and is replaced today with another suggesting that, while a woman is born with more eggs than she will use during her life time, as age increases, these eggs begin to malfunction, causing infertility in women (Keefe et al 2006). So, in this first set of examples (increased longevity, Follicular Depletion and Follicular Malfunction), there is still today a trend in understanding menopause simply as an effect of senescence, and senescence as a by-product of medical advances. Interestingly, such theories still do not explain why the deterioration of the body with age would be species selective and affect only a very small minority of female mammals.

Second, we find another set of theories that focus on a more social dimension of evolution. Here, menopause theories set up nature as interested party and as terrain of conflict between society interest and woman interest. On the one hand, society would gain at having women go through menopause; in the Mother Hypothesis, ageing mothers no longer able to reproduce would devote their energy to caring for children already born rather than to producing more offspring. Hence,

nature would favour a less is more situation where the birth of fewer children with a higher survival rate would be better than more children with a higher mortality risk. Similarly, the Grandmother Hypothesis sacrifices the reproductive functions of woman in favour of care for offspring. This theory should be taken in tandem with the Absent Father Hypothesis, whereby the increasing absence of fathers from family units is partly blamed for nature's recall of grandmothers to ensure descent. I would also place a fourth hypothesis in the continuation of the three above. One of the most recent theories is that of Mate Choice Theory (Morton et al. 2013), whereby ageing male partners are choosing younger females as sexual partners, driving older women to menopause. From these four different hypotheses, we form a picture of social organisation puzzling over the problem of ageing. For what is society to do with its ageing, barren females in a climate that privileges reproduction as the epistemic signifier of 'woman'?

All the hypotheses presented above converge and agree on several factors: 1) the determination to position menopause within an ageing framework; 2) the introduction of man in the equation; 3) how these factors become determinant in the regulation of menopause. Contemporary theories thus propose to re-organise women according to their age and redefine the division of tasks according to this age hierarchy, from the youngest at the service of pregnancy and birth to the oldest at the service of upbringing. This is nothing more than a return to a definition of woman along the lines of biological destiny. There is however an amplification of what 'woman' is, capturing older women who by menopausal definition fall out of the earlier definition. I see in these hypotheses (Mother, Grandmother, Absent Father and Mate Choice) the strong drive to re-insert older women in the social contract, via theories that also re-assert reproduction as the linchpin of gender difference. In the context of an ageing population, the issue of the disconnection ageing/sexualisation has become relevant. It would be particularly interesting to ponder further on the consequences of HRT use, when HRT encourages the prevention/reversal of established rules of menopause. The re-sexualisation of women beyond menopause age necessarily changes the way social organisation is regulated, especially with regards theories like the Grand Mother or Mate Choice hypothesis.

2- THE REGULATION OF MENOPAUSE: EPISTEMIC BIAS AND POLITICAL CHALLENGE

The narratives listed above are the major theories of menopause today. They can be categorised as either pertaining to a medical narrative explaining the 'what' of menopause, or as evolutionary account, explaining the 'why' of menopause. Neither says much about *regulation* (or lack thereof) as that which participates in the signification of experience. As we have seen, medicine does cast menopause as a set of symptoms where body functions fluctuate more than usual, but only as a means to assert stability as the healthy state. Hence, outside the medicalisation of menopause (Hormone Replacement Therapy, anti-depressants, etc), the medical profession has little to offer menopause theory. As for evolutionary theories of menopause, each one is in some form or other a replica of familiar narratives keeping women firmly on the side of their biological destiny. Moreover, at the point where women, by virtue of having become barren, could hope for the invention of a different social legitimacy, newer evolutionary theories emerge, asserting that the social use of menopausal women lies in serving reproduction further.

Understanding the issue of reproduction is key to understanding why establishing a definitive theory of menopause is so difficult. Much has been done in philosophy of science and medicine to better define what constitutes health/illness. These debates are useful for a philosophical enquiry into menopause because they inevitably come upon the question of illness and ageing. Take for example the work of Boorse (1977) and Clouser et al (1981). Clouser, Culver and Gert define malady as 'a condition that involves the suffering or the increased risk of suffering an evil' (31), an evil being 'the genus of which death, pain and disability are species' (31). If we apply their theory of illness to the context of menopause, menopausal complaints would be such disability in the sense that the individual is lacking 'ability that is characteristic of the species' (34), that is the ability to reproduce. For the authors, there is a turning point in human development after which one's ills can be regarded as 'malady': 'once one has reached the state of maturity there is no further relativizing of the concept of disabilitites. It does not matter if 100 percent of living ninety-nine-year-old persons lack the ability to run; their lack of ability is still a disability.' (34). Their conclusions echo what we have described earlier: by the same logic, 100 percent of menopaused women lacking the ability to reproduce (a characteristic of the species once maturity has been reached) would categorise them as disabled, and therefore in need of remedial help.

If we turn to the second enquiry, Boorse (1977) strongly refutes the use of adulthood as a cut-off point. In his own words:

> 'medical authors list progressive dysfunctions of normal aging as diseases. When senile decline of function is cause from within, our account will not allow it to be a disease. That is because of the age-relativity which we built into the account to reflect differences between child and adult. Apart from

> childhood, one might be tempted to take the adult as the species type and old age as its disintegration. Yet the same functional limitations viewed as diseases in old age may count as normal in childhood. Much of senility is only regression to earlier stages of development. The puzzle is why old age is not always seen as a stage with its own statistical norms of healthy functioning.' (Boorse, 1977: 567)

In other words, Boorse calls for (at least) one other cut-off point to establish old age as a state in its own right, alongside childhood and adulthood. Yet, this is not possible because the ability to reproduce is used as the sole defining factor around which meaningful human experience is articulated. Boorse concludes that a lack of resolution of this puzzle means that he would not categorise ageing ailments as disease. To apply his findings to our context, menopause defined as the cessation of reproductive functions would group older women and pre-pubescent girls together. The latter's lack of reproductive ability is categorised as normal (as they are developing towards becoming sexually productive) while the former are relegated to barren status and in need of recasting, medically and/or sociologically. Boorse would then argue that menopausal 'symptoms' (including barren status) is part of the healthy functioning of a separate stage of life, with statistical norms specific to itself, norms that are yet to be established.

The disagreement apparent in Clouser, Culver and Gert's work on the one hand, and Boorse's on the other conveys the importance that social and discursive normalisation plays and places regulation at the heart of a progressive understanding of menopause. Theories of menopause, especially medical theories use reproduction as *the* regulatory force in their understanding of what constitute 'woman'. We could see in such conceptual frameworks the manifestation of the perennial question of patriarchal oppression against women. More practically, the lack of other viable norms of functioning (to use Boorse's expression) means that medical responses to menopause concerns can only be focused on somehow re-instating menopausal women inside the reproductive contract. The negativity associated with menopause (we saw this earlier with Parkin) prevents more positive norms of functioning (for example 'independence') from finding social favour. 'Independence' is not a viable norm of menopause experience because such independence (that is: being free of the drive to reproduce; prompting men's interest that is not sexual; etc) can only be marginal at best, if not meaningless, in a normative context founded upon sexual life. Any contentment experienced by menopaused women outside the social parameters by which happiness comes to mean is indeed non-sensical or in the margin of representation. Moreover, possible norms of menopause (independence, disinterest in sex/reproduction) tend to be associated with other negative states, for example a decreased sexual drive is a symptom often associated with depression (see our earlier point about psychiatry's

interpretation of menopause). Hence, beyond medical and evolutionary reinsertion of woman, a theory of menopause that would chronicle woman's experience outside her service to reproduction-focused societies offers the promise of novel epistemic understandings of gender at the threshold of women and men's experience. For reasons of space, I am not proposing to show what these epistemic accounts might look like, but I will point towards theories that challenge the limit of experience, and recommend the application of those theories to menopause experience.

If conceptual frameworks cannot accommodate menopause experience outside the frame of reproductive experience, it does not mean that menopause (and the women who experience it) is destined to remain outside the remit of intelligible experience. Indeed, it seems to me that menopause has become this experience that carries the same promise of political subversion as other, once marginal experiences described by authors like Julia Kristeva (see primary homosexuality[5], *écriture*, *jouissance* for example) or Luce Irigaray (*parler femme*) or Judith Butler (queer experience). It is not by chance that these authors' work revolves around human reproduction: Kristeva believes that outside sexual difference, no gendered experience can be iterated; Irigaray and Butler on the contrary denounce the role reproduction plays in the regulation of gender formations and propose that gendered experience can be other than 'phallogocentric' (Irigaray), while Butler's work shows how new gender formations would need to epistemically challenge the 'heteronormative matrix'. In what follows, I will be interested not solely in reproduction but more widely in the idea of regulation, as this has important implications for a gender focused philosophy of menopause. Indeed, a re-reading of 'regulation' and of the failure to regulate holds the key to unpacking the epistemic conundrum that menopause experience represents. We will first address the question of epistemic understandings of the gendered experience, with the work of Irigaray. This will lead us in a second stage to looking more closely at the reasons behind the construction of menopause in relation to de/regulation, via the work of Butler. We will then be able to unpack further the mechanics of menopause *as* regulation and draw conclusions.

The negativity that permeates menopause theories can be explained in two ways: partly it is a consequence of the heterosexual bias used as a gauge to measure one's sexual/gender satisfaction, and partly it is the outcome of associations made between menopausal incidents and distaste. In the former case, authors like

[5] See Gambaudo, 2012

Foxcroft or Irigaray (1985) show how '[w]omen's sexual activity has traditionally been understood and measured by the frequency of penetrative intercourse and sexual satisfaction, and it assumes a pretty one-dimensional definition, constructed by a male-dominated culture' (Foxcroft 2010: 16). In the second case, Ussher's study of the reproductive body (2006) or Butler's philosophy of sex/gender (1993, 2004) present menopause experience as distasteful and thus forbidden. 'In Western society, the ageing reproductive body is the epitome of the abject -with none of the redeeming features of youth or maternal femininity to save it from complete exclusion from the symbolic sphere' (Ussher 2006: 126). The presentation of menopausal women is explicitly connected with a departure from one's femininity and the gaining of masculine traits. In other words, menopausal women are situated in an in-between of experience, intersexed and transgendered (Butler 2004: 43; 1993: 238), not dissimilar to other experiences where one has lost one's *proper* gender (for example effeminate men or tom boys). I am thinking for example of the film *Ma vie en rose*, where a seven year old transsexual boy finds comfort and understanding when he moves in with his grandmother. 'Granny' is a middle-aged woman in the grips of menopause and trying to come to terms with the loss of proper womanhood that ageing provokes in her. The two characters connect in the place where their gender identities are now questioned by social conventions. More positively they find what they covet in the discourse they invent and where their improper feminisation *is* possible beyond those conventions (the imaginary, story-telling and dancing for example). Much philosophy of menopause rests on understanding the manner the 'proper' of womanhood becomes an ontological signifier in the construction of gender.

Irigaray (1985) has very successfully described the epistemic difficulty of accounting for gendered experience. She ventured that Western thought is not successful at conveying a sense of multiplicity of experience. Instead, conventional narratives only report on one type of experience that is the experience of man. Not only do man-centred cultures privilege only one dimension of experience but they are also incapable of accounting for those other, strange experiences when they are not mediated by man's experience; for example the experience of 'lesbianism' is unintelligible unless it is framed by contrast to heterosexuality[6]. Irigaray critiques traditional epistemic frameworks (Freudian especially) and shows that woman's experience makes sense inasmuch as it serves as catalyst of man's experience. With the term 'phallogocentrism', Irigaray critiqued two aspects of narrative practices that pretend to tell us about human experience. First, 'logocentrism' rises out of the assumption that there truly is a 'transcendental subject of knowledge [who] coordinates and controls the multiplicity of sensations and impressions received

[6] See my 'Julia Kristeva, 'woman's primary homosexuality' and homophobia'

from sense experience, thus forming a unified field of experience' (Schutte 1991: 65). Second, 'phallocentrism' is the pre-determined assumption that this transcendental subject of knowledge is a man and that man's experience underpins *all possible* experiences. The combination of both, 'phallogocentrism' then, means that experiences are intelligible only on the condition that they are mediated by a certain epistemic practice that can answer two related questions: one, how does this experience fit into the puzzle of man's sensitive experience? Two, are the terms by which this experience is described recognisable to its auditors?

The issue of 'recognition' was further developed by Judith Butler (2004). Although she does not, like Irigaray, polarise gender into two categories, her suggestion of 'performative iteration', the declarative doing of experience, complements phallogocentrism very well. If, for Irigaray, narratives of experience must follow a phallogocentric model, for Butler, they must also be perceived as having followed that model. Butler's suggestion of a performative iteration of being is about *being seen* to participate in the elucidation of man's sensitive experience. The perception of a doing of gender need not be an intentional act, not even a conscious one. Indeed, if we follow the work of materialist feminists (Christine Delphy or Monique Wittig come to mind), the institutional naturalisation of the doing of gender is even more powerful that it passes itself as natural (Delphy 1993: 1). For Butler, the mechanics of this naturalisation lies in how successful one is at repeating the same narratives over and over again: the better repeated the iteration, the more proper the identity. To sum up, successful gender identity needs two things: its narrative needs to resemble previous narratives of gender and the narration must pass as natural.

Irigaray and Butler's work contribute largely to building the epistemic journey a woman would need to travel to build a viable picture of menopause experience, outside phallogocentric construction. First, from an Irigarayan perspective, menopause would be that experience that essentially *signifies* 'woman'. I am leaving aside theories asking the recognition of 'andropause', the menopause for men, to simplify matters. It is worth noting that andropause is framed in terms similar to those used for menopause: physiological senescence, infertility, with its own HRT remedies (Viagra for instance) aiming to reverse sexual dysfunction and prevent unpalatable symptoms. In theory menopause should be that narrative that participates in a phenomenology of woman's experience and of woman only. In practice, phallogocentric recuperation means that menopause has become an area of study that re-enforces established narratives of gender. As we saw earlier, theories of menopause understand menopause experience in relation to the purpose woman serves in man's experience, for example: childcare, domesticity, disease. To challenge phallus-centred theories of menopause, one would need to

theorise menopaused women's sensitive bodies, before or aside of mediation by men's perception of it. The observations made of menopausal 'symptoms' gain negative contingency by virtue of using a gauge that does not belong to the female body: decreased libido suggests a standard for libidinal activity that she fails to achieve, vaginal dryness points to penetrative intercourse that she struggles to facilitate, difficulties regulating moods implies evenness of mood as norm, etc. In short, menopause symptoms signify her non participation to a phallic economy. Yet, it does not suffice to ask that we begin to record what menopausal women say of their experience. Indeed, they themselves fall back on a phallic framework because gauging the distance between their experience and this framework has become the terms by which menopause is articulated as human experience. Narratives describing how she departs from normative gendered experience (for example complaining about mood swings or vaginal dryness to her physician) is now the means by which she can reclaim her place in phallogocentric narratives, first by reasserting that she once was a proper woman ('I did not always have mood swings'), and a second time by voicing dissent against what she has become that is, revolting against one's own improper being (signing up for a course of HRT for example). In the latter case, it is the role of the medical profession to receive this expression of dissent and actively participate in woman's battle for social re-insertion. Hence, a woman's menopause narrative needs to resemble narratives of menopause previously established if her experience is to be recognised and validated. Deviation from this rule discounts experience as unrecognisable.

So, how do we challenge those phallogocentric narratives of menopause experience? Menopause is by most medical and evolutionary accounts this area of experience that has become anomalous and no longer conforms to social recognition of woman. Butler suggested that media representations of menopausal women tend to mark them as subjects with 'unlivable lives', or occupying zones of social life that she sees as 'uninhabitable' (Butler 1993: 3). But these uninhabitable zones of social experience are in fact quite densely populated by those who, by choice or fate have dis-identified themselves from the privilege status of 'social subject'. They are the 'queer identities' of Butlerian theory. Menopaused women would be prime candidates for such dis-identifications. If Butler is right in seeing such zones as the forefront of political engagement, then menopause must be one of the vanguard experiences of identity politics. We might wonder then what form that engagement can take. If hegemonic accounts of menopause experience (medical, evolutionary) are the pre-established narratives of menopause that women use to assert their allegiance to their social environment, it is thus also the place where they can be des-established. Butler proposed that 'the task is not whether to repeat, but how to repeat… to displace the very gender norms that enable the repetition itself' (Butler 1990 148). The *incorrect* repetition of menopause narratives, that is repeating models of signification pre-established as

signifying 'ageing woman', is then the condition of her agency towards a different epistemic account of menopause experience. Incorrect repetition might be the presentation of older women as sexually motivated in their social exchanges or on the contrary presenting sexual de-motivation as desirable. 'That the subject is that which must be constituted again and again implies that it is open to formations that are not fully constrained in advance' (Butler 1995, 135). While one can never step outside of phallogocentrism and offer narratives constructed from an entirely different base, Butler's work suggests that from within phallogocentric accounts, one can suggest more subversive narratives of menopause. I venture that stories of old age are and will be one of the places where we will (and already do) find them. For example narratives that portray the lived experience of older women's sexuality, especially those depicting older women sexually attractive to and attracted by younger men and women, offer challenges to established narratives of menopausal women. I am thinking of fairly recent films like *Something Gotta Give* (2003), *Ladies in Lavender* (2004), *Ma mere* (2004), *Notes on a Scandal* (2006), or *Savage Grace* (2007), which peep into controversial worlds of erotic possibilities between the young and the old, possibilities ultimately sanctioned by a punishing message embedded in the story line: in each of these films, the young-man/woman-meets-old-woman narrative is clandestine, and eventually miserable when it is not psychotic or deadly. More subtly and possibly more interesting aesthetically and politically, *Ma vie en rose* suggests a world where alliances between different queer experiences might make visible narratives so far marked as marginal experience (menopause and transexualism for instance). Hence, away from hegemonic accounts of menopause, current formations of menopause experience evoke fears of paedophilia and incest, the collapse of pre-determined social values, and the authorised incarnation of troubling identities. In this, it is reminiscent of other narratives, the emergence of which was also shrouded in fears and sanctioned by promises of doom of the regulatory forces of the time (sexual liberation, contraception, homosexuality, etc). While those once doomed narratives have by no means become authority, they have found some form of legitimacy.

My conclusion on menopause would be that tidying menopause into a coherent set of experiences serves to insert menopausal woman's identity in phallogocentric organisation. To agree to the reversal or to the prevention of menopause acts as a socialising gesture by which woman is invited to re-assert her position within that organisation and validate its principles. What could be called the ritualisation of menopause experience is supported nearly exclusively by medicine. Yet, while medical and evolutionary theories of menopause aim to re-insert woman in phallogocentric visions of her sex, other approaches can and do challenge such vision of menopause. First, a philosophical approach to menopause narratives (Irigaray, Butler) shows that the experience can be epistemically located at the

threshold of human experience. Second, the proliferation of aesthetic narratives of ageing are putting the imaginary experience of ageing and of menopause on the map of social reality. My aim in this paper was to magnify this reality and place menopause experience on the radar of academic interest. While there has been numerous studies on menopause, I have proposed that these have tended, by and large, to discuss menopause along the lines of existing definitions of gender. As I hope to have shown, the study of menopause can and should be much more than this because there is at stake opportunities for new significations of gender and of identity.

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